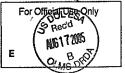
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<u>,</u>			
1. File Number U - 11406	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name JOHN J MCNERNEY	Name INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS		
	Labor Organization File Number 000-197		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street FOE N W 43rd STREET	Street 7154 COLUMBIA GATEWAY DRIVE		
Street 505 N. W. 43rd STREET	7134 COHOFBIA GAIRATI DALVE		
City KANSAS CITY	City COLUMBIA		
State Missouri ZIP Code + 4 64116	State Maryland ZIP Code + 4 21046		
5. Position in labor organization. REGIONAL DIRECTOR			
The second secon			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
gracionario escalario de la constancia del la constancia de la constancia de la constancia de la constancia	7.b. Amount.		
City City			
State ZIP Code + 4			
hamman to the state of the stat			
	nature		
Signature and verification. The undersigned declares, under penalty of	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing JOHN MCNERNEY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LAZARD FRERES	functional distribution of the state of the	
Trade Name, if any:	a. Labor Organization X b. Trust	-
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 30 ROCKEFELLER PLAZA	famour for a	
City NEW YORK		
State New York ZIP Code + 4 10020		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN	PENSION PLAN INVESTMENT MANAGER	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 19 CAMPUS BLVD, SUITE 200		
City NEWTOWN SQUARE	Approximate dollar value of such dealing. Approximate dollar value of such dealing.	\$583,644
State Pennsylvania ZIP Code + 4 19073-3288	DINNERS - 02/24/04, 11/30/04	
		A AND PARTY OF THE
		V (V)
		3
	12.b. Amount.	\$356
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		A Control of the Cont
P.O. Box, Bldg., Room No., if any		Accepted of the Assessment of
Street		TO A CONTRACT OF THE PARTY OF T
City		903000-m
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

	n	C:1:		
Name or	rerson	riling	TOHN	MONERNEY

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name DEPRINCE, RACE & ZOLLO	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 201 SOUTH ORANGE AVE, SUITE 850	c, Employer	
City ORLANDO		
State Florida ZIP Code + 4 32801		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	100000000000000000000000000000000000000
Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN	PENSION PLAN INVESTMENT MANAGER	Programme American
Trade Name, if any:		00000000000000000000000000000000000000
P.O. Box, Bldg., Room No., if any		A CARACTURE PROPERTY AND A CARACTURE PROPERTY
Street 19 CAMPUS BLVD, SUITE 200		and the second s
City NEWTOWN SQUARE		
State Pennsylvania ZIP Code + 4 19073-3288	11.b. Approximate dollar value of such dealing.	\$1,195,902
	12.a. Nature of interest held or income received.	
	DINNER - 11/28/04	voquq4665344
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		And the second
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		vancouse e spanson
		O S S Westermann
	12.b. Amount.	\$64

Name of Person Filing JOHN MCNERNEY	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	T	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name NATIONAL ELEVATOR INDUSTRY PENSION PLAN	a. Labor Organization	
Trade Name, if any:	5	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 19 CAMPUS BLVD, SUITE 200	c. Employer	
City NEWTOWN SQUARE		
State Pennsylvania ZIP Code + 4 19073-3288		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	SEE LM-30 ATTACHMENT	70,000
		and the state of t
Trade Name, if any:		Applipment
P.O. Box, Bldg., Room No., if any		Company of the Compan
	and a second sec	The state of the s
Street	The state of the s	
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	REIMBURSEMENT FOR BOARD OF TRUSTEE EXPENSES: 2/17/04 - 2/24/04; 5/11 9/8/04 - 9/10/04; 11/28/04 - 12/1/12/9/04	./04 - 5/13/04;
	12.b. Amount.	\$10,982

Name of Person Filing JOHN McNERNEY	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PRGM	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 11 LARSEN WAY	c. Employer	
City ATTLEBORO FALLS		
State Massachusetts ZIP Code + 4 02763-1068		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	SEE LM-30 ATTACHMENT	Solder-money Company
Trade Name, if any:		4
P.O. Box, Bldg., Room No., if any		o de la companya de l
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	CHAIR / CO-CHAIR MEETING EXPENSES LODGING - 01/27/04 - 01/28/04; DIN 06/15/2004	- MEALS AND NERS - 11/10/04
	12.b. Amount.	\$385